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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Applicant : R. F. BARNARD, ET AL.
Serial No. : 10/808,834
Filed : 25 Mar 2004
Examiner : SUSANNA M. MEINECKE DIAZ
Group : 3623
Entitled : System and Method for Project
Designing and Developing a
Procurement and Accounts Payable
System

Docket No. : END919990117US2

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Commissioner For Patents
P. O. Box 1450
Alexandria, VA 22313-1450

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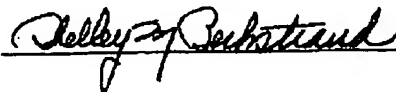
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TRANSMITTAL	1 page
FEE TRANSMITTAL	1 page
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TERMINAL DISCLAIMER (2 copies)	4 pages

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/808,834
	Filing Date	3/25/04
	First Named Inventor	R. F. Barnard
	Art Unit	3623
	Examiner Name	Susanna M. Meinecke Diaz
Total Number of Pages in This Submission	Attorney Docket Number	END919990117US2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Shelley M Beckstrand, Esq. P.C.		
Signature	<i>Shelley M Beckstrand</i>		
Printed name	Shelley M Beckstrand		
Date	2 Jun 2006	Reg. No.	24,886

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Shelley M Beckstrand	Date	2 Jun 2006

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PTO/SB/17 (01-08)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete If Known

Application Number	10/808,834
Filing Date	3/26/2004
First Named Inventor	R. F. Barnard
Examiner Name	Susanna M. Meinecke Diaz
Art Unit	3623
Attorney Docket No.	END919990117US2

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 09-0457 Deposit Account Name: IBM Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
		Fee Paid (\$)
		Multiple Dependent Claims
		Fee (\$)
		Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	0	x	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	/ 50 = 0 (round up to a whole number) x		0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer

Fees Paid (\$)
\$ 130.00**SUBMITTED BY**

Signature	<i>Shelley M. Beckstrand</i>	Registration No. (Attorney/Agent) 24,886	Telephone 276-238-1872
Name (Print/Type)	Shelley M. Beckstrand	Date 2 Jun 2006	

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